



2019 Volume 1

The quarterly newsletter of D&S Dental Laboratory, Inc.

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INCISAL EDGE

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PLEASE NOTE

**D&S Dental Laboratory
Will Be Closed the
Following Dates in 2019**

May 27
Memorial Day

July 4-5
Fourth of July

September 2
Labor Day

November 28-29
Thanksgiving

December 25
Christmas

The Do's and Don'ts of Zirconia Crowns

The October issue of *Gordon J. Christensen's Clinicians Report* published an article on the common clinical mistakes to avoid when working with Zirconia, the crown material of choice. Here we provide an abbreviated version of that article, but we strongly encourage you to review the original. Visit www.CliniciansReport.org for subscription information.

By following the do's and don'ts covered here, we believe you should reduce the likelihood of zirconia failures from debonding and/or fracturing.



■ Properly prep the tooth

- When possible, 4 mm of axial wall height is desired
- Be sure you have at least 1.5 mm reduction to **entire** occlusal table, including cusps
- Provide 1/2–3/4 mm axial wall reduction with ≤ 20 degree taper
- Provide slight chamfer margin (smooth)



■ Use the double cord technique for the impression

- The double cord technique is still the golden standard (none other has proven superior)
- Digital impressions still require gingival retraction with cord for optimum marginal visibility
- Non-impregnated cord is preferred or impregnated with styptic (avoid ferric sulfate because of staining)
- Do not remove first cord until after seating the provisional restoration (hold temporary in place when removing the cord)

■ Sandblast or air abrade to increase surface roughness

- Do not use hydrofluoric or phosphoric acid to attempt etching zirconia (it is not a conventional glass ceramic but rather a metal-oxide ceramic and will react negatively to these acids)
- Increase the roughness and surface area of the zirconia restoration by sandblasting/air abrading followed by a thorough rinse

■ Decontaminate surfaces after try-in

- When prepping the tooth, use flour of pumice for best results
- Do not use prophy paste to clear debris as it can lead to inadvertent lubrication prior to cementation
- Sandblast/air-abrade the zirconia surface for 5–10 seconds followed by a thorough rinse, which will help remove phospholipids in saliva attaching to the zirconia surface. The chemical reaction between saliva and zirconia prevents bonding so phospholipids must be removed adequately.



PRODUCT SPOTLIGHT

Colored Bite Splints

D&S Dental Laboratory designs hard acrylic bite splints on the computer and mills them out of PMMA (polymethyl methacrylate methyl). Splints are available in clear, red, blue, green and violet colors. They can be custom fabricated from a master model and bite. Allow 4 days in lab.



The Do's and Don'ts of Zirconia Crowns *Continued from pg. 1*

■ Use primers containing MDP

- Do not use silane-only primers on zirconia. This does not work since zirconia is not a glass ceramic. (30 percent of clinicians are mistakenly doing this!)
- Select a primer containing MDP or methacryloyloxydecyl dihydrogen phosphate as it enhances the chemical bond to cements containing resin. D&S Dental recommends Z-Prime Plus by Bisco.

■ Select the right cement

- Use RMGI cements for retentive preps (≥ 4 mm axial height) and for caries-prone patients
- Use self-adhesive resin cement for heavy opposing occlusion; short, non-retentive preps (<4 mm axial height); and thin, semi-translucent restorations (better see-through color than most RMGI cements)



Atlantis™: The Gold Standard for Abutments



When you ask for an Atlantis™ Titanium Abutment at D&S Dental, we'll automatically provide it in gold-shaded titanium at no additional cost. The abutment is milled from a solid titanium alloy and coated with titanium nitride (TiN), which is applied through a molecular bond to the substrate metal. Titanium nitride provides a warm color perfect for esthetically challenging cases with thin, soft tissue or when using an all-ceramic crown. It is highly biocompatible.

We're also throwing in an insertion guide – a \$25 value – with every Atlantis case. Atlantis patient-specific abutments are precision-milled and fabricated on Dentsply's milling systems for 510(k) compliance. They are compatible with most major implant systems and protected by Dentsply's lifetime warranty.



D&S Dental Laboratory has been an Atlantis Super Elite lab for seven consecutive years and is also a beta lab, testing new products and techniques for Dentsply Sirona Implants. Members of our Implants Team – Kate Seidel, CDT, Joel Thanos and Paul Whitley – are shown here accepting the Atlantis Super Elite Lab award from Dentsply Sirona Implants Representative Valerie Curry (second from left).



CE SEMINARS

We are working on our spring CE schedule. Check www.dnsdental.com/events periodically for upcoming dates.

Mark your calendar for these events:

May 10, 2019

Dentsply Implants Full-Day Seminar

Lake Geneva, WI

See next page for details.

August 9, 2019

Annual Learn on the Links Seminar & Golf Outing

Beloit, WI

D&S Welcomes Joel Jennings

Client Representatives Here to Help Doctors

D&S Dental recently welcomed Joel Jennings to its client representative team. He joins John Hill and Carrie Miller Woods, who personally visit with doctors to understand their challenges and work with the lab team to help deliver solutions.

Joel has 30 years of experience in the dental industry. He started out working as a dental technician in the United States Air Force. He later became a Crown & Bridge Certified Dental Technician and worked at the former Wilson's Lab in Madison, Wisconsin. He then worked as a territory and regional sales manager covering Wisconsin and other Midwest states for a number of dental companies including Sultan Dental Products, Ivoclar Vivadent, CAO Group, Holt Dental Supply and Patterson Dental.

"We're extremely pleased to have Joel join our team," says Steve Daggett, CDT and president of D&S Dental Laboratory. "He has a tremendous amount of knowledge of our industry and knows a lot of doctors around our labs."



Joel Jennings



Joel Jennings joins our Client Representatives Carrie Miller Woods and John Hill, who are available to answer questions about our products or services or coordinate lunch and learns. They also welcome ideas for CE seminars we can host.

CROWN DOWN IMPLANTOLOGY: FROM START TO FINISH

Friday, May 10, 2019
9:00 a.m. – 4:00 p.m.

SCHEDULE

8:30-9:00 a.m. Registration
Breakfast and Lunch Served

LOCATION

The Ridge Resort, Lake Geneva

TUITION

Complimentary

CE CREDITS

6 Hours

REGISTRATION

register.dentsplyimplants.com/067611



Crown Down Implantology: From Start to Finish



Experience the fully digital implant workflow firsthand. From guide design to final restoration, speaker **Dr. Sarah Jockin** will expose the practitioner to highly accurate, predictable and minimally invasive implant dentistry. Find out how seamless integration of chairside digital technologies and CBCT creates the ultimate tooth replacement experience for your patients.

Upon completion of this program participants will understand:

- Diagnostic advantages of CBCT scanning.
- How to integrate chairside digital technologies with implant planning and guided surgery.
- How to obtain optimal esthetic results in fewer patient visits, as well as eliminate the complexity associated with traditional implant solutions.
- The valuable role the dental laboratory partner has in supporting today's most complex and esthetic outcomes.



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CONNECT WITH US!



Your Full Service
Certified Dental Laboratory



TECHNICIAN'S TIP OF THE MONTH

Making Room for PrepCheck™

If your case doesn't have enough occlusal clearance, you'll typically get a phone call from our Quality Control department. You'll also likely get a card with a small tool called PrepCheck™, which will help make sure you have enough space for future restorations.

At D&S Dental Laboratory, we prefer at least 1 mm occlusal clearance on all restorations except Lava and PFMs, where we prefer at least 1.5 mm occlusal clearance.

PrepCheck is a small tab that comes in three sizes (1, 1.5 and 2 mm). It can be inserted between the preparation and opposing dentition. If the tab doesn't slide out with little resistance, you insert the coated side and have the patient tap or grind down on it. The special coating marks the teeth, showing you the areas that need to be reduced. It costs just \$114 for a box of 50.

For information, visit www.commonensedental.com.

